

Good morning, Chair Dowell, Vice Chair Silverstein, and honorable members of City Council.

Thank you for this opportunity to speak about public health in Chicago and the critical investments we are proposing to promote health and racial equity.

CDPH's focus for the last year and a half has, of course, been the COVID-19 pandemic. The global toll has been incalculable—measured not just in deaths but in the havoc wreaked on our quality of life, our mental health, and the social connections that bring us joy and create meaning. I know we each remember people lost and hurting here in Chicago and around the world.

In public health, we believe the most successful response starts with prevention. How many people were protected from COVID-19 because we, as a city, followed public health guidance, stayed home when we needed to, wore masks, and got a vaccine?

I am pleased to report our COVID progress. As of September 29, Chicago's COVID case rate is 13.2 per 100,000 people per day, much less than half the current national rate—and many days we have the lowest case rate across all of Illinois' 102 counties. Our COVID test percent positivity is 2.5%—again, less than half the current national average. Chicago's COVID death rate is 0.1 death per 100,000 people per day; the national figure is, sadly, still more than six times as high. And while we are not done with COVID, unlike in many other cities, Chicago hospitals have maintained their capacity to care for patients, even in our darkest days.

Not everything in the response has been smooth sailing—here or anywhere else in the world. But the breadth of the effort has been enormous:

- More than 3.2 million COVID vaccine doses have already been given in Chicago, including more than 450,000 at City-run sites, with an eye toward accessibility and creativity. At the United Center alone, we administered 290,000 vaccines—and also provided 65,000 Chicagoans with language translation services. We've brought vaccines into churches, food pantries, block parties, barbershops, flea markets, and our popular Vaccination Station converted CTA buses.
- Chicago has gotten national attention for our dual focus on vaccine efficiency and equity, as well as for innovative community-driven approaches like *Protect Chicago At Home*, which has already brought free, in-home vaccinations to more than 10,000 city homes and remains open to all Chicago residents; no other major city has made this kind of investment in eliminating vaccination barriers. More than two-thirds of eligible Chicagoans (age 12+) are fully vaccinated, and more than 72% have gotten at least a first dose. More importantly from both an equity and disease control perspective, in every ZIP code the majority of eligible Chicagoans have started their vaccine series.
- In the last year alone, we investigated more than 44,000 COVID cases and traced nearly 30,000 contacts. We provided isolation housing for more than 1,000 residents, facilitated and participated in hundreds of outreach and educational events (I've answered public questions in nearly 200 Facebook Live sessions myself!), and focused on healthcare system coordination.
- More than 5.3 million COVID-19 tests have been performed in Chicago, and citywide, lab capacity has grown such that nearly half a million tests are now being conducted every month.

We have achieved these numbers in part because we started out with the best public health emergency preparedness program in the country. Thanks to Chicago's pre-pandemic investments and work over more than a decade, Chicago had many of the critical systems, relationships, and materials needed to respond effectively to the pandemic, as well as the confidence and experience to adjust our approaches as we learned more about the virus. Unlike so many other cities or states, for example, we had millions of N-95 masks stored in pristine

condition to help keep our hospitals supplied in those tenuous early days; later in the response, we had world-class systems already in place to receive, store, and distribute vaccine from the very first day it arrived. When all of our preparation was tested, our defenses held.

And all the while, even through this COVID response, CDPH has continued to carry out core functions in areas such as the WIC nutrition program, food safety inspections, lead inspections, tuberculosis services, mental health programming, HIV services, and so many others.

While I couldn't be more proud of my team at CDPH, our city's pandemic progress to date is not owned by my department, but owned by our whole city. It is the direct result of hundreds of community organizations and thousands of individual Chicagoans coming together, neighborhood by neighborhood, ward by ward, block by block, to fight both the direct and indirect impacts of COVID. We have collaborated closely with so many of you and your offices, and across City departments and agencies. Thank you, thank you, thank you, for your ideas, your advocacy, your questions, and your trust.

I also must thank Mayor Lightfoot directly for her leadership and especially for co-owning the hard COVID decisions, in good times and bad. Around the country, so many of my counterparts have been publicly attacked or have left their jobs, often because political leaders pinned the blame for the hard COVID decisions on public health departments, while co-owning only the re-openings and the happy news. That has not been true in Chicago and I will always be grateful. Our many city departments, sister agencies, and officials have perhaps never been as connected as they have in the COVID response, and my hope is that this shared responsibility of leading our city through a pandemic leaves us stronger to face Chicago's other longstanding challenges together.

Because this pandemic is not over, and we are far from done. We continue to see unvaccinated Chicagoans dying every day from COVID and need all of your help to continue to promote vaccine and protect Chicago, ahead of whatever the winter may bring. Complacency is as much a danger as the virus itself.

This danger goes beyond COVID—because even as the city reopens, we must not return to what is sometimes called “normal.” The truth is that before the pandemic, Chicago was not a place where everyone had the resources and opportunities to lead a healthy life. Even before COVID, a Black Chicagoan died on average 9.1 years sooner than a white Chicagoan. Even before COVID, life expectancy in Chicago had been decreasing for all racial and ethnic groups except whites. That should not be normal. It should be unacceptable.

Rejecting such inequities is the goal of *Healthy Chicago 2025*, the five-year plan we released last year, in partnership with organizations across the city. *Healthy Chicago 2025* highlights the top five drivers of the life expectancy gap between Black and white Chicagoans: first, deaths from chronic diseases, which are responsible for nearly half of our city's racial life expectancy gap; second, gun-related homicides; third, infant mortality; fourth, infectious diseases including HIV--and now COVID, which has worsened this gap locally and around the country; and fifth, opioid overdoses. The plan calls for a focus on policy and system changes aimed at improving the root causes of health, from housing to food access, including calling out and addressing structural racism in the public health and health care systems.

There are four key lessons from the COVID-19 response that we have been applying throughout all of our work and propose to build on with 2022 budget investments.

**First, public health is about addressing root causes and thinking beyond physical health.** Responding to the pandemic has been about much more than vaccines and case investigations. Every program at CDPH has had a role to play and we have all seen how chronic disease, crowded housing, and lack of nutrition

security have directly affected people’s vulnerability to COVID. We have also worked hard to address the behavioral health needs that have worsened during the pandemic. This commitment to addressing longstanding community needs at their roots is reflected in both recent investments and in our 2022 budget proposal.

- Under Mayor Lightfoot, we have made historic and systemic investments in our city’s mental health system, culminating in this year’s proposed \$86 million mental health budget--which would represent a seven-fold increase in funding compared to 2019. Already, we are on track to connect more than 10 times the number of patients to mental health services in 2021 as in 2019, and we have grown innovative programs that, crucially, bring mental health care outside clinic walls to residents with complex needs. With the proposed new investments, we plan to expand our trauma-informed centers of care outpatient network citywide; launch new programs that divert people living with complex behavioral health conditions away from the criminal justice system and into treatment and housing; and continue the exciting work of integrating mental health responders into the 911 system.
- We have also made historic recent investments in violence prevention, including expanding street outreach and victim services. To reduce opioid overdose deaths, we have expanded harm reduction, access to medication-assisted treatment, and overdose prevention services. Much more is needed in these areas and we propose new investments that would expand and strengthen community-driven approaches to public safety, while taking a lesson from COVID to better coordinate violence prevention, victim response, and data efforts citywide.
- The 2022 budget proposal also includes significant new investments in environmental health, with \$33 million to clean up contaminated sites, monitor pollution, analyze data with new approaches, and develop hyper-local grants to community organizations focused on improving the environment. We hope to fund a process to quantify the cumulative impacts of environmental threats in specific neighborhoods—an effort that can inform our permitting decisions going forward. Another \$47 million is proposed to remove lead paint hazards from the homes of low-income families, helping to protect thousands of young children.
- Finally, the budget proposes \$25 million to expand our Family Connects program, to promote maternal and infant health through nurse home visiting to newborns and their families, linking young families to community services that go beyond physical health and strengthening neighborhood networks.

**The second lesson from the COVID response is that we must continue to strengthen our daily data ecosystem while committing to using data to understand long-term inequities.** Data has driven every decision we have made over the last year and a half, from indoor mask requirements to capacity limits. We have evolved from a department that regularly issued annual data reports to a department that updates COVID data in almost real time and develops hyper-local data visualizations that are used daily or weekly by everyday Chicagoans, community partners, and government workers alike to direct resources and make decisions. New IT investments in the City’s budget are critical to modernizing our systems and making other data accessible to all.

During COVID, in addition to more routinely collecting, analyzing, and sharing geographic, age, gender, and race and ethnicity data, my team analyzed data with new lenses, including releasing “The State of Health for Blacks in Chicago,” a report that was the first of its kind in our city. While focusing on improving our own practices, CDPH staff have helped embed health and racial equity impact assessments into other City decision-making processes, including the *We Will Chicago* citywide plan, so across the city, all of us working on improving some of the root causes of health--education, transportation, housing, social services and other issues--can apply a similar health and racial equity data lens.

**The third lesson is that communities themselves can and must drive public health strategies.** Early in the pandemic, in the face of deep racial inequities in COVID infections and deaths, we shifted course to put more decision-making directly into local hands. Through the Racial Equity Rapid Response Team and Protect Chicago Plus, your communities have led this effort. Neighborhood leaders and residents have led the charge in identifying trusted messengers, choosing vaccination and event locations, developing mutual aid opportunities with social service agencies, and interpreting data to explain why specific neighborhoods are seeing the results they are.

Moving forward, we are taking these lessons from COVID into our Healthy Chicago Equity Zones, an initiative that broadens this commitment to sharing power and resources with communities—particularly Black and Latinx communities disproportionately affected by health inequities—so they can develop and implement locally tailored solutions to public health challenges. Our 2022 budget includes \$30 million to expand this initiative. Aligned under a regional approach, the initiative will fund a community-based organization located in every one of Chicago’s 77 community areas, across all of your wards. Healthy Chicago Equity Zone work has started with a focus on COVID vaccine uptake, but moving ahead, we hope to use this funding framework to break down silos and tackle other public health issues.

**The fourth and final lesson from our COVID work is that government processes must be responsive and open to new ways of working, with a focus on administrative preparedness.** For CDPH, federal COVID funding has been essential to our success to date, but it has also highlighted that some of the City’s administrative processes, including hiring, need to be able to move more quickly, especially during an emergency. We have been working hard with departments across the City to improve administrative preparedness and ask for your help in this budget. I cannot overstate the importance of bolstering the City’s backbone human resources, technology, fiscal, procurement, and legal services, and urge you to fund the proposed operational enhancements to help ensure our internal City processes are stronger and more efficient in 2022.

Just like COVID, the *Healthy Chicago 2025* goal of addressing health and racial inequities requires all hands-on deck. Yes, the past two years have in many ways been the fight of our lives—but rest assured that public health has been doing the work of protecting and promoting Chicago’s health for generations, just without the big spotlight. Going forward, we all have an enormous opportunity to address not just what COVID has exacerbated, but the challenges that were there before long before the pandemic. Thank you again for supporting me and CDPH, thank you for your leadership in your wards, and thank you for building your understanding of the role of public health. We are all tired, but I hope that we are also energized to take the lessons from COVID and use the 2022 new budget investments to build a stronger, healthier Chicago.